

FIG. 2

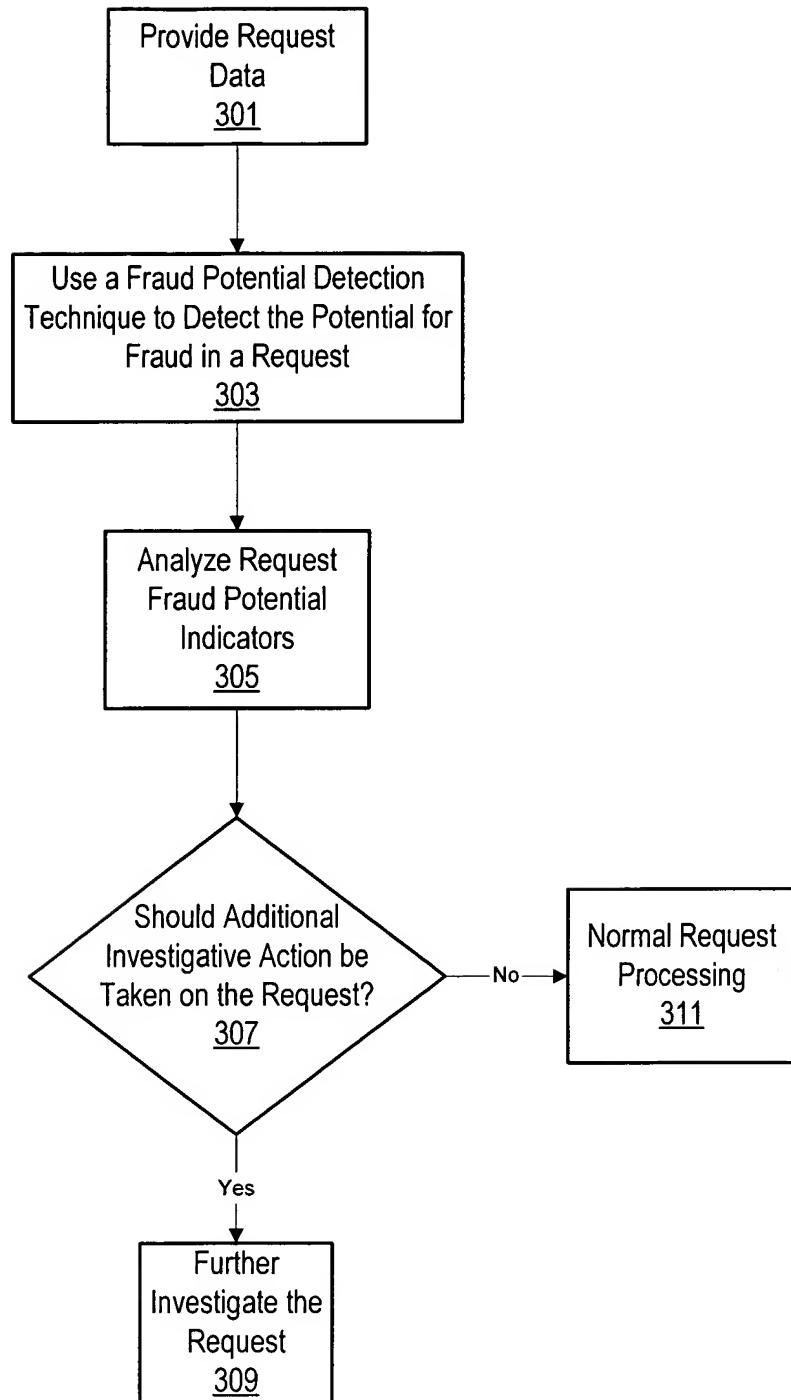
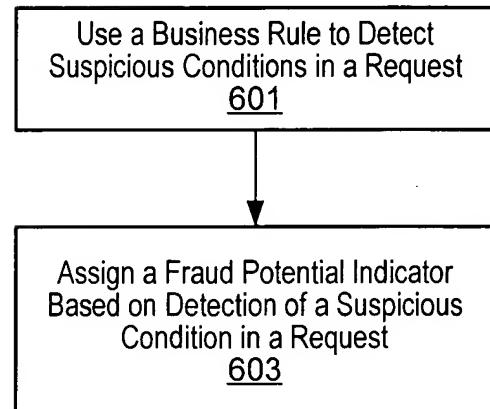
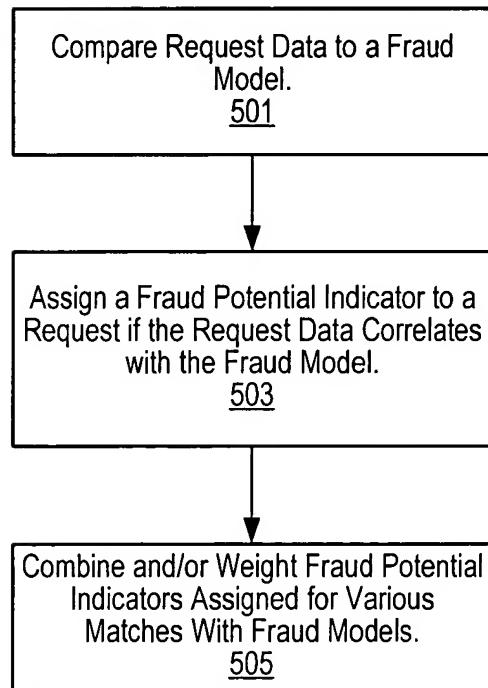
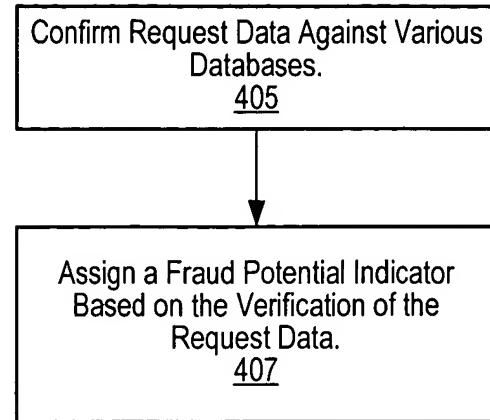
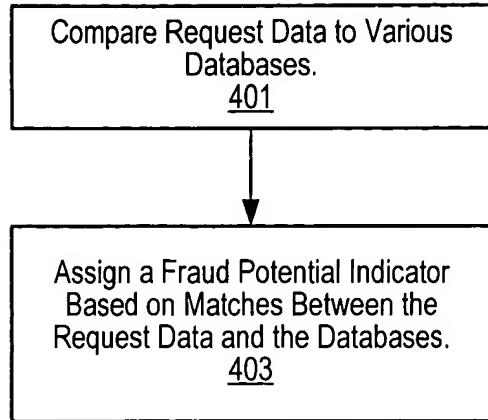


FIG. 3



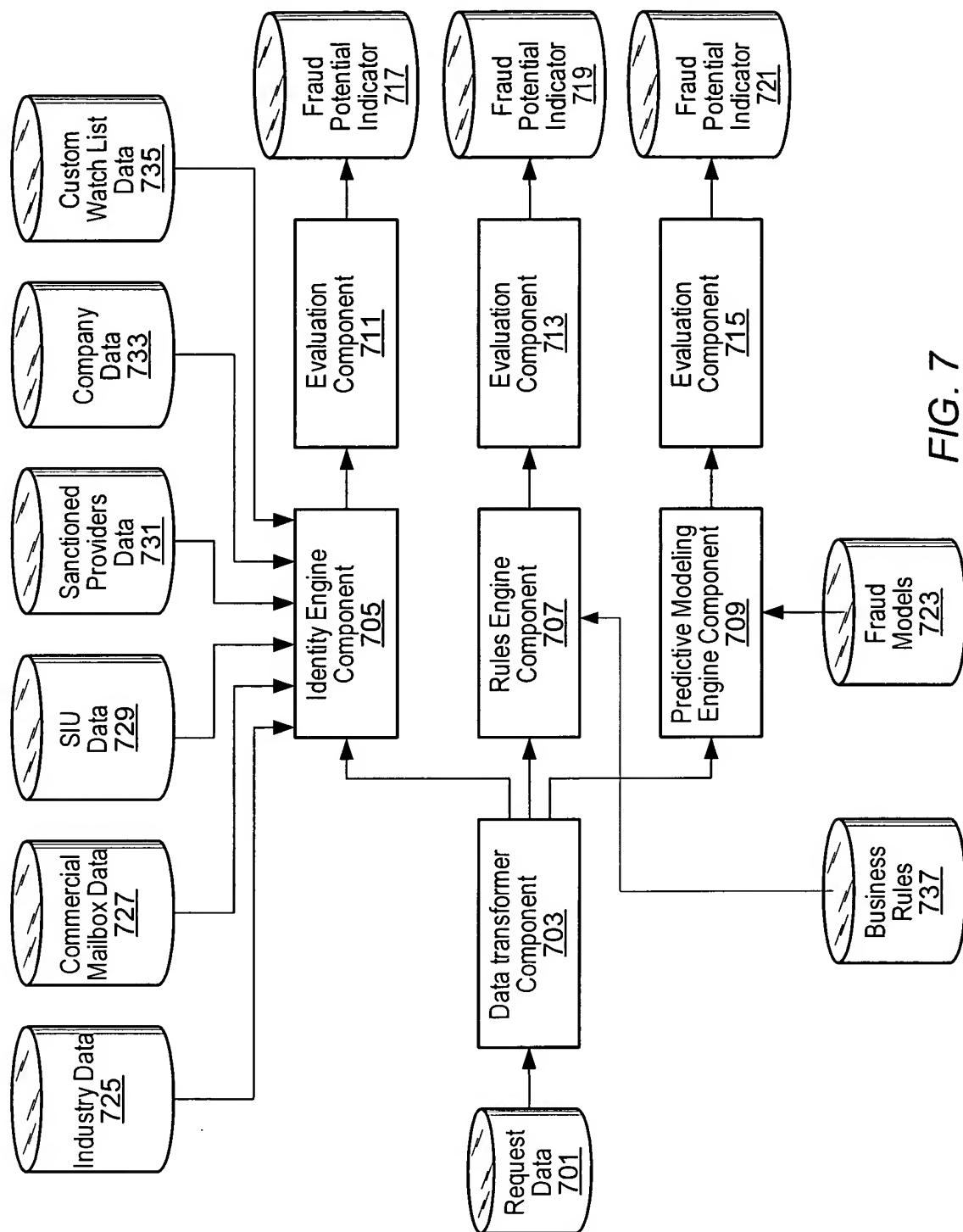


FIG. 7

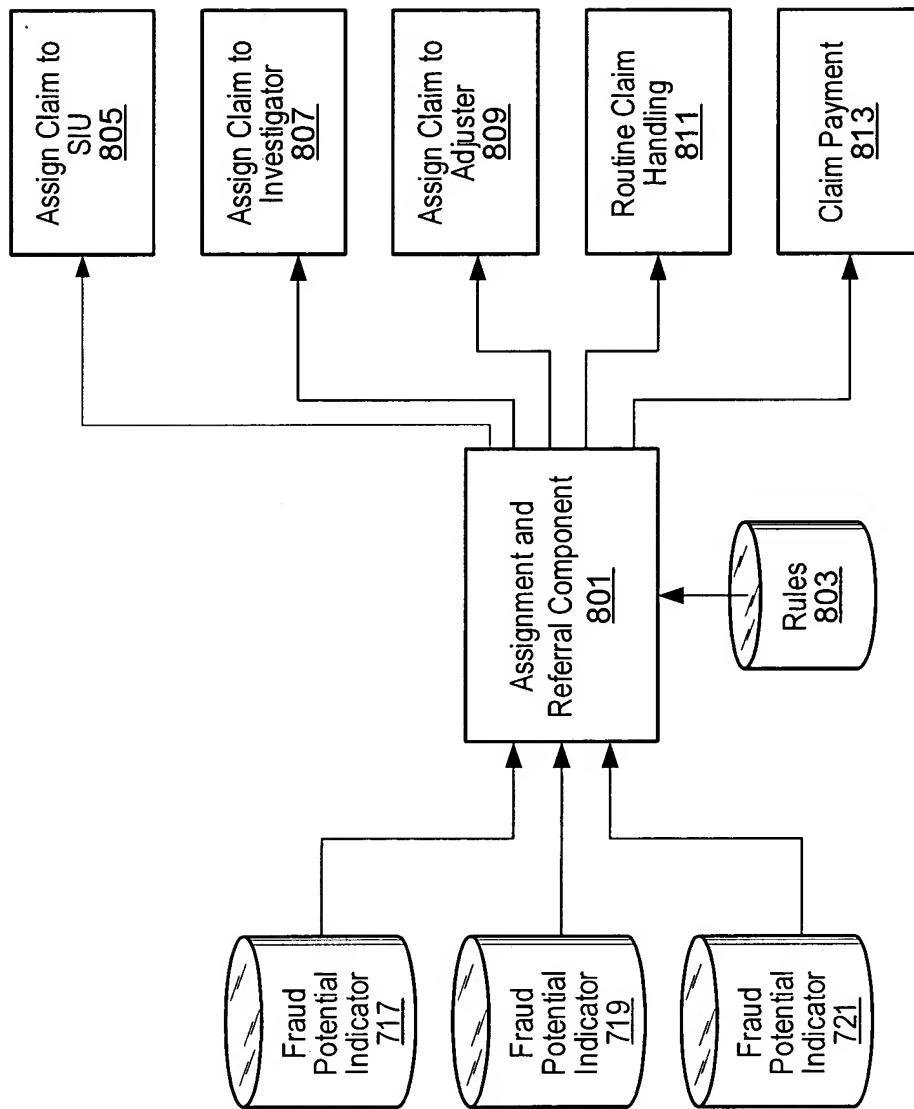
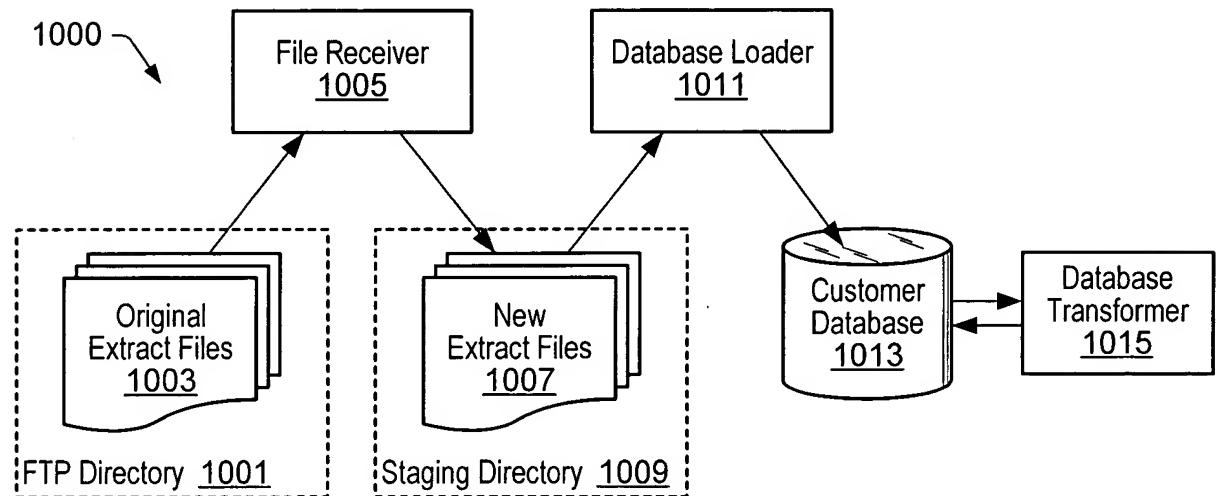
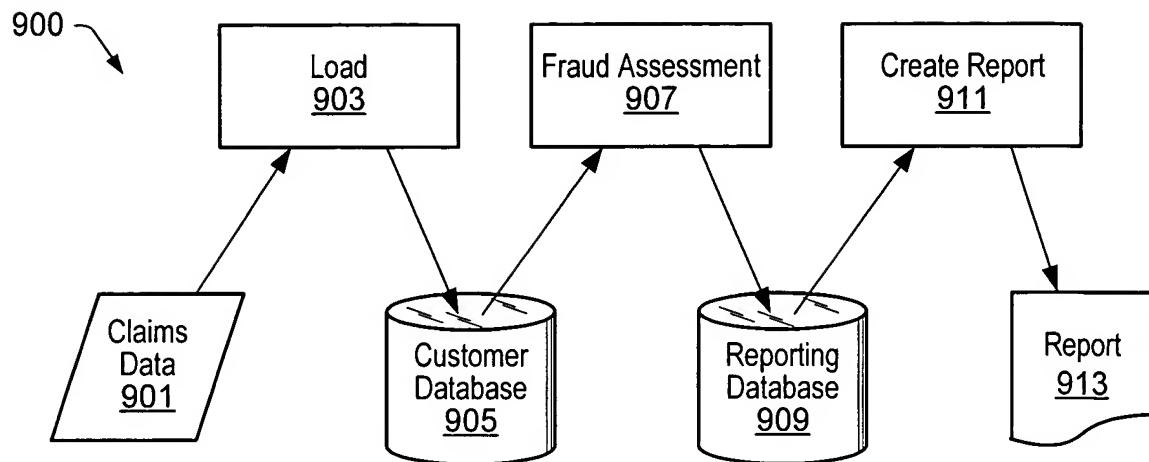


FIG. 8



Claim Summary					
Claim Number	121498	DOL	12/02/2012	DOR	12/04/2012
Accident Description	Used made left turn in front of Claimant		Loss Location	Intersectionat Oak & 3 rd Streets	
1103 { - Involved Vehicle 1992 Volvo Stationwagon Object ID 236 Vin Number WZWE12SEWS81GE388E Registration LKE-1589 - Involved Party + John Smith Address 123 Main Street, Gopher, LA 55896 Injury Description Minor Injury + John Smith Jr Address 123 Main Street, Gopher, LA 55896 Injury Description Minor Injury					
1105 { - Involved Vehicle 2000 Honda Accord Object ID 236 Vin Number TE485WST6TE38845 Registration U31-ER85 - Involved Party Henry Higgins Address 1505 S. Cockney Lane, LA 55896 Injury Description Minor Injury					
1107 { - Related Party Smith & Smith Address 315 Main Street, Gopher, LA 55896 Role Attorney Western Auto Repair Address 245 W. 5 th Street, Gopher, LA 55896 Role Repair Shop					
1109 { - 1111 { - Return to Prior Screen					

1101 ↗

1113 ↗ FIG. 11

Watch List Display

1211 1213

1215 1217

111

1205

1203

1201

Update

Add

FIG. 12

Watch List Add/Update	
Business Information DBA Name <input type="text" value="Twisted Chiropractic"/> Business Name <input type="text" value="Twisted Chiropractic"/> Address <input type="text"/> Street 1 <input type="text"/> Street 2 <input type="text"/> Area <input type="text"/> Number <input type="text"/> Business Phone <input type="text"/> TIN <input type="text"/> City <input type="text"/> State <input type="text"/> Zip <input type="text"/> GA 15481	
Personal Information Name <input type="text"/> Last <input type="text"/> First <input type="text"/> MI <input type="text"/> Address <input type="text"/> <input type="text"/> <input type="text"/> GA <input type="text"/> 15481 Area <input type="text"/> Number <input type="text"/> SSN <input type="text"/> Home Phone <input type="text"/> Role <input type="text"/> ▾ Source <input type="text"/> Comments <input type="text"/>	
1303 <input type="text"/> Submit <input type="text"/> 1307 <input type="text"/> Cancel <input type="text"/> 1305	

FIG. 13

1301 ↗

1407 Manager Notebook

1409 1411

1405

1403

1453

1429 1431

1401

Navigation

- Home
- Manager Notebook
- Investigator Notebook
- Watch List
- Links
- References

Regional Manager: Pain Menizies

Reflected	Assigned	Rejected	Claim Number	Loss Date	Score Date	PME Score	ISE Score	ORE Score	Total Claims Displayed: 10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ALA173390	05/24/2000	01/28/2003	100	130	74.2	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ALA363330	11/14/2000	01/28/2003	100	0	52	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ALA648060	06/01/2001	01/28/2003	100	0	67.4	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ALA798120	08/24/2001	01/28/2003	100	56.25	54.95	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ALA398990	12/08/2000	01/28/2003	100	0	48	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ALA859990	1/0/29/2001	01/28/2003	100	0	67.95	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ALA429660	1/2/25/2000	01/28/2003	20	0	54.025	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M5A5-54+6	1/10/2001	01/28/2003	20	0	66.1	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N9A019910	1/0/19/2001	01/28/2003	90	0	48	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ALA429500	1/2/22/2000	01/28/2003	76	0	69.25	

To assign or reject a claim use the mouse to click the column under the heading "Sel" and press either the "Assign" or "Reject" button

Assign... Reject...

SEL	Last Name	First Name	FCO	Claim Number	Loss Date	Score Date	PME Score	ISE Score	BRE Score	Days Assigned	Inv Status	Claim Status
<input type="checkbox"/>	Burgess	Robert	Albany Field Claim Office	AL4128883	11/04/1999	01/29/2003	100	0	87.15	0	New	Activ
<input type="checkbox"/>	Burgess	Robert	Albany Field Claim Office	AL2957127	06/09/1996	01/28/2003	100	0	97.475	0	New	Activ
<input type="checkbox"/>	Burgess	Robert	Naperville Field Claim Office	ALA204610	04/14/2000	01/28/2002	100	0	92.6	0	New	Activ
<input type="checkbox"/>	Burgess	Robert	Naperville Field Claim Office	ALA267500	08/19/2000	01/28/2003	100	0	67.8	0	New	Resp
<input type="checkbox"/>	Mendez	Pam	Naperville Field Claim Office	ALA372230	10/23/2000	01/28/2003	100	0	90.175	0	New	Activ
<input type="checkbox"/>	Burgess	Robert	Naperville Field Claim Office	ALA281575	12/19/2001	01/28/2003	100	0	58.4	0	New	Activ
<input type="checkbox"/>	Mendez	Pam	Albany Field Claim Office	ALA405630	12/12/2000	01/28/2003	100	0	27.2	0	New	Subra
<input type="checkbox"/>	Mendez	Pam	Albany Field Claim Office	ALA411730	11/14/2000	01/28/2000	100	0	68.5	0	New	Activ
<input type="checkbox"/>	Mendez	Pam	Naperville Field Claim Office	ALA450330	01/04/2001	01/28/2003	100	0	74.4	0	New	Resp
<input type="checkbox"/>	Mendez	Pam	Naperville Field Claim	MDA015720	11/10/2001	01/28/2003	100	0	72	0	New	Activ

To re-assign a claim use the mouse to click the column under the heading "Sel" and press the ReAssign button. To narrow the displayed list press the "Filter" button.

1519 1521 1523 1525

FIG. 15

1527

Manager Notebook

Referred Assigned Rejected

Regional Manager: Randy Davis

Manager Notebook

Navigation

Home

Manager Notebook

Investigator Notebook

Watch List

Links

References

1453

Manager Notebook

Referred	Assigned	Rejected										
Regional Manager: Randy Davis												
SEL	Last Name	First Name	FCO	Claim Number	Loss Date	Score Date	PME Score	ISE Score	BRE Score	Reason Rejected	Rejected Date	Claim Status
<input type="checkbox"/>	Davis	Randy	Seattle Field Claim Office	SEA221410	09/02/2001	09/10/2003	100	450	38	Valid Score-Satisfactory Review	09/04/2003	Close
<input type="checkbox"/>	Davis	Randy	Seattle Field Claim Office	SEA446650	01/16/2003	01/30/2003	100	0	50	Faulty PME Score	02/04/2003	Activ
<input type="checkbox"/>	Davis	Randy	Dallas Field Claim Office	DAA691970	01/02/2003	02/19/2003	22	0	104	Faulty PME Score	02/04/2003	Close
<input type="checkbox"/>	Davis	Randy	Seattle Field Claim Office	SEA169480	09/30/2001	01/20/2003	28	0	23.6	Valid Score-Satisfactory Review	02/04/2003	Subr
<input type="checkbox"/>	Davis	Randy	St. Louis Field Claim Office	SLA066760	04/04/2000	02/13/2003	95	0	20	Faulty PME Score	02/04/2003	Resp
<input type="checkbox"/>	Davis	Randy	St. Louis Field Claim Office	SLA249750	08/05/2001	02/16/2003	98	0	56	Valid Score-Satisfactory Review	02/04/2003	Activ
<input type="checkbox"/>	Davis	Randy	Dallas Field Claim Office	4W0016909	01/07/1999	02/10/2003	98	0	59.375	Valid Score-Satisfactory Review	02/04/2003	Close
<input type="checkbox"/>	Davis	Randy	Seattle Field Claim	SEA434870	12/14/2002	01/30/2003	98	0	70.6	Faulty PME Score	02/04/2003	Subr

To assign a claim use the mouse to click the column under the heading. Set and press the "Assign" button

Navigation

- Home
- Manager Notebook
- Investigator Notebook
- Watch List
- Links
- References

1631 FIG. 16

1631

1619 1621 1623

1453

Investigator Notebook - Predictive Modeling Engine Summary																																																																																									
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Involved Organizations																																																																																									
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1709

1707

705

1703

1701

FIG. 17

Identity Search Engine Results

Claim Number		Accident Description	
S-1	Met Historical Database	1815	Points 52
Source Name	Shelia Thompson	Address	3815 N. Treeline Dr., Gopher, LA 55895
Matches			
1805			
1809	Claims	Match Name	Match Address
	151984	Shelia Thompson	3815 N. Treeline Dr., Gopher, LA 55895
	545233	Shelly Thompson	3815 N. Treeline Dr., Gopher, LA 55895
	125984	Shawn Thompson	3815 N. Treeline Dr., Gopher, LA 55895
1813			
1811	Points 65		
Source Name	Shelia Thompson	Address	3815 N. Treeline Dr., Gopher, LA 55895
Matches			
1803			
1807	Record #	Match Name	Match Address
	15941518	Shelly Thompson	3815 N. Treeline Dr., Gopher, LA 55895
	55984898	Shawn Thompson	3815 N. Treeline Dr., Gopher, LA 55895

FIG. 18

1801 ↗

1903

1905

1901 →

1453

Claim Number: ALA948640

Rules Results for score 101

Loss type not equal to stolen Vehicle

An invalid object has PIP coverage - Yes

Sum of all coverage limits for all objects <= \$9016.00

Number of attorneys involved > 0

Number of parties related to other parties > 0

Days between loss and first payment made on claim > 48 (or no payment made)

Months between auto policy origination and loss date <= 25 (or missing dates)

Navigation

- Home
- Manager Notebook
- Investigator Notebook
- Watch List
- Administration
- Support Data
- User Setup
- Company Setup
- Links
- References

Previous

FIG. 19

Investigator Notebook Business Rules Summary

SIU Business Rules Summary

Points	Injury Type	Reason for score
22	B-1 Injury Type	
28	B-2 Loss Type is left turn	
0	B-3 Diff Between Data of Loss Vs Date of Report is: 0	
0	B-4 is not scored as Nbr of Renewals is 24	
0	B-5 Diff Between Date of report Vs policy Exp. Date is: 92	
0	B-6 Police Report Filed: Y	
0	B-7 Reported By Insured	
0	B-8 Number of Vehicles is 2	
50	Total Score	

To view additional information about Injury Type use the mouse to click on "Injury Type" in the table above.

Accident Description

clmt made a left hand turn at an intersection cutting off insd

2007 2005 2003

Claim Number: ALAB878960

1453

Navigation

- Home
- Manager Notebook
- Investigator Notebook
- Watch List
- Administration
- Support Data
- User Setup
- Company Setup
- Links
- References

Previous

FIG. 20

2001 ↗

18 / 20

1453

2107

2105

2103

2003

2101

FIG. 21

Investigator Notebook > Business Rules Summary > Business Rules Detail

SIU Business Rules Detail

Claim Number: AL AB878960

Points	Name	Injury Description
2	RATCLIFF, JENNIFER A	minor injury (superficial/ abrasion/ contusion)
2	DEPAUL, RYAN	minor injury (superficial/ abrasion/ contusion)
2	RATCLIFF, TIMOTHY A	Unknown
22	Total Score	

Accident Description

clmt made a left hand turn at an intersection cutting off insd

Navigation

- Home
- Manager Notebook
- Investigator Notebook
- Watch List
- Administration
 - Support Data
 - User Setup
 - Company Setup
 - Links
 - References

Previous

